

Chapter 4 – Health Surveillance and Infectious Disease

Subchapter 1

Reportable and Communicable Diseases Rule

1.0 Authority

These regulations are pursuant to 18 V.S.A. §§ 102 and 1001, 3 V.S.A. §3003(b), 20 V.S.A. §3801(b), and 13 V.S.A. § 3504(h).

2.0 Purpose

The purpose of these regulations is to protect public health through the control of communicable and dangerous diseases. These regulations require the early and prompt reporting of listed diseases so that the Department of Health may take any necessary protective action.

3.0 Definitions

3.1 “Commissioner” means the Commissioner of Health.

3.2 “Communicable disease” or “communicable syndrome” means an illness due to the infectious agent or its toxic products which is transmitted directly or indirectly to a person from an infected person or animal, host, or vector, or through the inanimate environment.

3.3 “Department” means the Vermont Department of Health

3.4 “Electronic laboratory reporting” means the transmission of a reportable laboratory finding and associated required report elements from the reporting entity to the Department in a structured format, including but not limited to HL7 messaging, flat file, and web-based entry.

3.5 “Laboratory” means a facility performing testing that identifies a reportable finding as defined in this rule, including but not limited to point-of-care testing, in-clinic testing, hospital laboratory testing, and reference laboratory testing.

3.6 “Subject species” means any mammal species which may carry and potentially serve as a reservoir species for rabies including but not limited to raccoons, foxes, bats, skunks, woodchucks, and domestic animals.

4.0 Confidentiality Requirements

4.1 Any person or entity required to report under this rule must have written policies and procedures in place that ensure the confidentiality of the records. Such policies and procedures must, at a minimum, include the following:

- 4.1.1 Identification of those positions/individuals who are authorized to have access to confidential disease-reporting information and the limits placed upon their access;
 - 4.1.2 A mechanism to assure that the confidentiality policies and procedures are understood by affected staff;
 - 4.1.3 A process for training staff in the confidential handling of records;
 - 4.1.4 A quality assurance plan to monitor compliance and to institute corrective action when necessary;
 - 4.1.5 A process for the confidential handling of all electronically-stored records;
 - 4.1.6 A process for authorizing the release of confidential records; and
 - 4.1.7 Provision for annual review and revision of confidentiality policies and procedures.
- 4.2 In relation to the reporting of HIV and AIDS, the Department shall maintain:
- 4.2.1 Procedures for ensuring the physical security of reports, including procedures for personnel training and responsibilities for handling physical reports and data;
 - 4.2.2 Computer security procedures;
 - 4.2.3 Communication procedures;
 - 4.2.4 Procedures for the legal release of data; and
 - 4.2.5 Procedures to ensure that a disclosure of information from the confidential public health record is only made following notice to the individual subject of the public health record or the individual's legal representative and pursuant to a written authorization voluntarily executed by the individual or the individual's representative pursuant to 18 V.S.A. §1001 (b).

5.0 Communicable Disease Reports

5.1 Organizations and persons required to report

The following ~~organizations and persons~~ professionals who know or suspect that a person is sick or has died of a disease dangerous to the public's health are required to report to the Department of Health within 24 hours of the time when they become aware of the disease (immediate reporting is essential for those diseases or laboratory reports indicated by a "**"). Professionals employed at nonmedical community-based organizations are exempt from these requirements.

Required reporters:

- 5.1.1 Infection preventionists
- 5.1.2 Laboratory directors
- 5.1.3 Nurse practitioners
- 5.1.4 Nurses
- 5.1.5 Physician assistants
- 5.1.6 Physicians
- 5.1.7 School health officials
- 5.1.8 Administrators of long-term care and assisted living facilities

5.1.9 Any other health care provider, as defined by 18 V.S.A. § 9402

5.1.10 Pharmacists

5.2 **Nature-Content of the report**

The report of communicable diseases and other diseases dangerous to the public's health and rare infectious diseases, as listed in 5.4, shall include the following information as it relates to the affected person:

- Name
- Date of birth
- Age
- Sex
- Race
- Ethnicity
- Address
- Telephone number
- Name of health care provider/physician
- Address of health care provider/physician
- Name of disease being reported
- Date of onset of the disease
- ~~Any other pertinent information as requested by the Department~~ Any other information deemed pertinent by the reporter.

5.3 **How to make a report**

The report shall be made by telephone, in writing, or electronically to the Department of Health, ~~Epidemiology Program~~. HIV and AIDS reports shall be made on the Adult HIV/AIDS Confidential Case Report Form or the Pediatric HIV/AIDS Confidential Case Report Form, as appropriate.

5.4 **Diseases, syndromes, and treatments required to be reported**

~~In addition to the list below, any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.~~ The following is a list of all reportable diseases, syndromes and treatments (immediate reporting is essential for those diseases or laboratory reports indicated by a “*”):

- Anaplasmosis
- Animal bites are reportable to Town Health Officers only per Section 8 of this rule
- AIDS
- Anthrax*

- Arboviral illness
- Babesiosis
- Blood lead levels
- *Borrelia miyamotoi* infection
- Botulism*
- Brucellosis*
- Campylobacteriosis
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- *Chlamydia trachomatis* infection
- Cholera*
- COVID-19*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- Diphtheria*
- Eastern equine encephalitis illness
- Ehrlichiosis
- Encephalitis
- Glanders*
- Gonorrhea
- Guillain-Barré Syndrome
- *Haemophilus influenzae* disease, invasive*
- Hantavirus disease
- Hemolytic uremic syndrome (HUS)
- Hepatitis A*
- Hepatitis B
- Hepatitis B, positive surface antigen in a pregnant woman
- Hepatitis C
- Hepatitis E
- Human immunodeficiency virus (HIV)
- Influenza: Report
 - Individual cases of influenza only if due to a novel strain of Influenza A*
 - Pediatric influenza-related deaths
 - Institutional outbreaks

- Jamestown Canyon virus disease
- Legionellosis
- Leptospirosis
- Listeriosis
- Lyme disease
- Malaria
- Measles (Rubeola)*
- Melioidosis*
- Meningitis, bacterial
- Meningococcal disease*
- Middle East Respiratory Syndrome (MERS)*
- Multisystem inflammatory syndrome in children (MIS-C)*
- Mumps
- Pertussis (whooping cough)
- Plague*
- Poliovirus infection, including poliomyelitis*
- Powassan virus disease
- Psittacosis
- Q Fever
- Rabies, human* and animal cases
- Rabies post exposure treatment in humans (irrespective of evidence of rabies)
Reporting form available at www.healthvermont.gov.
- Reye syndrome
- Spotted fever rickettsiosis
- Rubella (German Measles)*
- Rubella, congenital rubella syndrome
- Salmonellosis
- Severe Acute Respiratory Syndrome (SARS)*
- Shiga toxin-producing *E.coli* (STEC)
- Shigellosis
- Smallpox (variola)*
- Streptococcal disease, Group A, invasive
- Streptococcal disease, Group B invasive (infants less than one month of age)
- *Streptococcus pneumoniae* disease, invasive
- Syphilis
- Tetanus
- Toxic shock syndrome
- Trichinosis
- Tuberculosis infection, latent
- Tuberculosis disease
- Tularemia*

- Typhoid fever*
- Vaccinia (disease or adverse event)
- Varicella (chicken pox only)
- Viral hemorrhagic fever*
- Vibriosis
- West Nile virus illness
- Yellow fever
- Yersiniosis
- Zika virus infection
- Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other illness of major public health concern, because of the severity of illness or potential for epidemic spread, which may indicate a newly recognized infectious agent, an outbreak, epidemic, related public health hazard or act of bioterrorism, must be reported. Such reports may be made by sharing medical encounter information with the Department of Health so that the Department can determine if there is sufficient probability that a case or an outbreak warrants further public health response.

6.0 Reportable Laboratory Findings

- 6.1 All positive, presumptive positive, confirmed, isolated, or detected cases found by laboratory tests of the following conditions, to include any rare infectious disease or one dangerous to public health, Positive, presumptive, or confirmed, isolation or detection of _ or positive, presumptive or confirmed, serological results for, or results from _ specific laboratory tests as indicated below (-) must be reported. (immediate reporting is essential - For those diseases or laboratory reports indicated by a "*" results shall be reported to the Department within 24 hours):

- *Anaplasma phagocytophilum*
- Arboviruses
- *Babesia microti*
- *Bacillus anthracis**
- Blood lead levels (all results, including undetectable)
- *Bordetella pertussis*
- *Borrelia burgdorferi*
- *Borrelia mayonii*
- *Borrelia miyamotoi*
- *Brucella* species*
- *Burkholderia mallei**
- *Burkholderia pseudomallei**
- *Campylobacter* species
- *Candida auris*

- Carbapenem-resistant *Acinetobacter baumannii* (CRAB), including susceptibility results
- Carbapenem-resistant Enterobacteriaceae (CRE), including susceptibility results
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA), including susceptibility results
- CD4+ T-lymphocyte counts and percentages (all results)
- *Chlamydia psittaci*
- *Chlamydia trachomatis*
- *Clostridium botulinum**
- *Clostridium tetani*
- *Corynebacterium diphtheriae**
- *Coxiella burnetii*
- Creutzfeldt-Jakob disease/transmissible spongiform encephalopathies
- *Cryptosporidium* species
- CSF cultures (all positive findings)
- *Cyclospora cayetanensis*
- Dengue virus
- Eastern equine encephalitis virus
- *Ehrlichia* species
- *Francisella tularensis**
- *Haemophilus influenzae*, isolated from a normally sterile site
- Hantavirus
- Hemorrhagic fever viruses*
- Hepatitis A virus (anti-HAV IgM)
- Hepatitis B virus (HBsAg, anti-HBcIgM, HBeAg, HBV DNA)
- Hepatitis C virus (HCV)
- Hepatitis E virus (IgM anti-HEV)
- Human immunodeficiency virus (HIV): Includes the following:
 - HIV viral load measurement (including non-detectable results)
 - All HIV subtype and HIV nucleotide sequence data from antiretroviral drug resistance testing
- Jamestown Canyon virus
- *Legionella* species
- *Leptospira* species
- *Listeria monocytogenes*
- Measles virus*
- MERS CoV*
- Mumps virus
- *Mycobacterium tuberculosis* complex (including positive interferon-gamma release assay (IGRA) test results)
- *Neisseria gonorrhoeae*

- *Neisseria meningitidis*, isolated from a normally sterile site*
- *Plasmodium* species
- Poliovirus*
- Powassan virus
- Rabies virus*
- *Rickettsia* species
- Ricin toxin (from *Ricinus communis* (castor beans))
- Rubella virus
- *Salmonella* species
- SARS-CoV/SARS-associated virus*
- SARS-CoV-2* (All results including positive, negative, and indeterminate)
- *Shigella* species
- Shiga toxin-producing *E. coli* (STEC) (including O157:H7)
- Smallpox (variola)*
- *Staphylococcus aureus*, vancomycin resistant (VRSA) and vancomycin intermediate (VISA), including susceptibility results
- *Streptococcus*, Group A, isolated from a normally sterile site
- *Streptococcus*, Group B, isolated from a normally sterile site (infants less than one month of age)
- *Streptococcus pneumoniae*, isolated from a normally sterile site, including susceptibility results
- *Treponema pallidum* and all confirmatory tests for syphilis that result from an initial positive screening test, regardless of result (positive and negative)
- *Trichinella spiralis*
- Varicella virus
- *Vibrio* species
- West Nile virus
- Yellow fever virus
- *Yersinia enterocolitica*
- *Yersinia pestis**
- Zika virus

6.2 Laboratories are required to report irrespective of the required reporting of other parties listed under this rule. Laboratories are required to report results to the Department irrespective of the required reporting of other parties listed under this rule.

6.3 Laboratory reporting shall include:

- Patient name
- Patient date of birth
- Patient sex
- Patient race
- Patient ethnicity

- Patient address of patient
- Patient telephone number of patient
- Name of ordering health care provider/physician and NPI (as applicable)
- Address of ordering health care provider/physician
- Telephone number of ordering provider/physician
- Accession number/specimen ID
- ~~Test results~~
- Specimen type(s), e.g., serum, swab, etc.
- Specimen source(s), e.g., cervix, throat, etc. (use national standardized codes)
- Diagnostic test(s) performed (use national standardized codes)
- Test results(s) (use national standardized codes)
- Interpretation of result(s)
- Date(s) of specimen collection
- Date test ordered
- Names of performing facility and CLIA number (if applicable) name and address of laboratory performing test(s)
- Address of performing facility
- Reports shall include any additional information required by federal statute or rule.

6.4 Reporting

6.4.1 Laboratories shall report to the Department through electronic laboratory reporting, in a manner approved by the Department. Reportable events shall be identified by automated computer algorithms, are required to provide a written or electronic report. If electronic laboratory reporting is not available, the laboratory may substitute an alternate reporting method with permission from the Department.

6.4.2 If no positive reportable laboratory findings have been made during a given week then a written report of “No reportable findings” shall be made. For laboratories with validated electronic laboratory reporting, a report of “No reportable findings” is not required.

6.5 Specimens or isolates of the following organisms shall be sent to the Vermont Department of Health Laboratory for further analysis or typing:

- Arboviruses
- *Brucella* species
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- *Campylobacter* species
- *Candida auris*
- Carbapenem-resistant *Acinetobacter baumannii* (CRAB)

- Carbapenem-resistant Enterobacteriaceae (CRE)
- Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)
- *Clostridium botulinum*
- *Corynebacterium diphtheriae*
- *Coxiella burnetti*
- Eastern equine encephalitis virus
- *Francisella tularensis*
- *Haemophilus influenza*, isolated from a normally sterile site
- Hanta virus
- Hemorrhagic fever viruses
- Influenza A, novel strain only
- Jamestown Canyon virus
- *Leptospira* species
- *Listeria monocytogenes*
- MERS-CoV
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*, isolated from a normally sterile site
- Powassan virus
- *Salmonella* species
- SARS-CoV/SARS - associated virus
- Shiga toxin-producing *E. coli* (STEC) (including O157:H7)
- *Shigella* species
- VISA (vancomycin-intermediate *Staphylococcus aureus*)
- VRSA (vancomycin-resistant *Staphylococcus aureus*)
- West Nile virus
- *Yersinia pestis*

6.6 The Department of Health Laboratory will provide transport containers and instruction on how to submit specimens or isolates.

7.0 Data from Vermont Health Information Exchange

7.1 The Vermont Health Information Exchange shall provide access to data to the Health Department related to communicable diseases in Vermont. These may include, but are not limited to, information for laboratory and case reporting, hospitalization data, and patient demographics.

7.2 The Vermont Health Information Exchange shall provide the Health Department with access to records reported to the Exchange for electronic laboratory reporting, immunizations, and information related to communicable diseases in Vermont.

8.0 Prophylaxis for Eyes of Newborn

8.1 Duties of Health Care Providers

- 8.1.1 Prophylaxis for conjunctivitis of the newborn (ophthalmia neonatorum) shall be administered to all infants immediately after birth by the medical provider attending the birth.

9.0 Rabies Control

9.1 Reporting of Animal Bites: Reporting form available at www.healthvermont.gov.

9.1.1 Physician Reporting

- 9.1.1.1 Physicians shall report to the local health officer the full name, age and address of any person known to have been bitten by an animal of a species subject to rabies within 24 hours of actual or constructive notice.

9.1.2 Minors and Adults; No Attending Physician

- 9.1.2.1 Minors: If no physician is in attendance and the person bitten is under 18 years of age, the parent or guardian shall make such report within 24 hours of actual or constructive notice to the local town health officer.
- 9.1.2.2 Adults: If no physician is in attendance and the person bitten is an adult, the person shall report, or cause to be reported, such information to the local town health officer.

9.2 Control Methods in Domestic and Confined Animals

- 9.2.1 Post exposure management. Any animal bitten or scratched by a wild mammal not available for testing shall be regarded as having been exposed to rabies.

- 9.2.1.1 Dogs, Cats and Ferrets. When an unvaccinated dog, cat or ferret is exposed to a rabid animal the Department may order that the exposed animal be euthanized immediately or be placed in strict isolation for 4 (dogs and cats) or 6 (ferrets) months. A rabies vaccine should be administered immediately. Dogs, cats, and ferrets that are currently vaccinated shall be revaccinated immediately, kept under the owner's control, and observed for 45 days. Animals overdue for a booster vaccination need to be evaluated on a case-by-case basis.

- 9.2.1.2 Other Animals. Other animals exposed to rabies should be evaluated on a case-by-case basis.

9.2.2 Management of Animals that Bite Humans

- 9.2.2.1 The local health officer shall cause an apparently healthy dog, cat or ferret, regardless of vaccinations status, that bites a person to be confined and observed for 10 days.
- 9.2.2.2 A rabies vaccine should not be administered during the observation period and such animals must be evaluated by a veterinarian at the

first sign of illness during confinement. Any illness in the animal must be reported immediately to the local health officer.

9.2.2.3 If clinical signs consistent with rabies develop, the animal must be euthanized immediately, its head removed, and the head shipped under refrigeration for examination by the state Health Department laboratory.

9.2.2.4 Other animals, which may have bitten and exposed a person to rabies, shall be reported within 24 hours to the local health officer. Prior vaccinations of an animal may not preclude the necessity for euthanasia and testing if the period of virus shedding is unknown for that species. Management of animals other than dogs, cats or ferrets depends on the species, the circumstances of the bite, the epidemiology of rabies in the area, and the biting animal's history, current health status, and potential for exposure to rabies.

9.3 Removal of Animal

9.3.1 A confined animal being observed for signs of rabies shall not be removed from one health district into another prior to the conclusion of the prescribed isolation period except with the permission of the local health officer from whose district such animal is to be removed and the permission of the health officer to whose jurisdiction such animal is to be transferred.

9.3.2 The former shall give permission only after securing the consent of the local health officer to whose jurisdiction the animal is to be transferred, except that if removal is to be to another state, they shall give permission only after securing the consent of the Commissioner.

9.3.3 Such removal shall be private conveyance, in charge of a responsible person and conducted in such manner as to prevent the escape of the animal or its coming in contact with other animals or persons.

9.4 Laboratory Specimens: Whenever any animal that has or is suspected of having rabies dies or is killed, it shall be the duty of the local health officer to ensure ~~cause~~ the head of such animal to be removed and sent immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner. The local health officer shall notify the health department of the specimen's intended arrival.

9.5 Destruction of Animals, Subject to Rabies; Precautions: Whenever an animal subject to rabies is brought to a veterinarian to be destroyed, an attempt shall be made by the veterinarian to ascertain that the animal has not bitten any person within the previous ten-day period; before destroying the animal, they shall require the owner to sign a statement to this effect, and they shall not destroy any animal which has bitten a person within ten days. The health officer must be notified by the veterinarian of any such biting incident. If a biting animal is euthanized within ten days of the bite, the veterinarian shall consult with the Department and cause the head of such animal to be removed and sent

immediately, properly packed, with a complete history of the case to a laboratory approved for this purpose by the Commissioner.

10.0 Pharmacist Reporting

Pharmacists are required to report to the Department any recognized unusual or increased prescription requests, unusual types of prescriptions, or unusual trends in pharmacy visits that may result from bioterrorist acts, epidemic or pandemic disease, or novel and highly fatal infectious agents or biological toxins, and might pose a substantial risk of significant number of human fatalities or incidents of permanent or long-term disability within 24 hours of when they become aware of such an event.

11.0 Animal Disease Surveillance

11.1 Veterinarians and veterinary diagnostic laboratory directors shall report to the Department within 24 hours of the time when they become aware of clinical or laboratory diagnosis or suspicion of any rare infectious disease in animals that might pose a risk of significant number of human and animal fatalities or incidents of permanent or long-term disability including the following:

- Anthrax
- Arboviral: eastern equine encephalitis, Venezuelan equine encephalitis, western equine encephalitis, West Nile virus
- Avian Chlamydiosis (Psittacosis, Ornithosis)
- Bovine spongiform encephalopathy
- Brucellosis (*Brucella* species)
- Glanders (*Burkholderia mallei*)
- Hantavirus
- ~~Hendra virus~~
- Highly pathogenic avian influenza
- Melioidosis (*Burkholderia pseudomallei*)
- *Mycobacterium tuberculosis* complex
- ~~Nipah (Nipah virus)~~
- Novel influenza
- Plague (*Yersinia pestis*)
- Q Fever (*Coxiella burnetti*)
- Rabies
- Ricin toxin (from *Ricinus communis* (castor beans))
- Tularemia (*Francisella tularensis*)
- ~~Typhus fever (*Rickettsia prowazekii*)~~
- Viral hemorrhagic fevers (filoviruses [e.g., Ebola, Marburg] and arenaviruses [e.g., Lassa, Machupo])
- Unusual cases or clusters of animal illnesses or deaths that pose a threat to human health.

- Any evidence or suspicion of terrorism, including intentional or threatened use of viruses, bacteria, fungi, toxins, chemicals, or radiologic material to produce malfunction, illness or death in animals and/or humans shall be reported.

11.2 For the purposes of reporting to the Department of Health, veterinarians shall act on behalf of livestock owners and persons having care of animals who have reported illness consistent with such diseases.

11.3 ~~Nature of the~~ How to report.

The report shall be made by telephone, in writing, by fax or electronically (when available by email or internet) to the Department of Health within 24 hours.

11.3.1 Clinical report: The report of a clinical diagnosis or suspicion of the above-named diseases or any unusual cluster of animal illnesses or deaths shall include as much of the following information as is available:

- Location or suspected location of the affected animal(s)
- Name of any known owner
- Address of any known owner
- Name of reporting individual
- Address of reporting individual
- Name of disease or suspected disease being reported
- Type of animal(s) affected
- Number of animals affected
- Date of confirmation of disease or onset of clinical signs

11.3.2 Laboratory report: The report of positive, presumptive or confirmed, isolation or detection or positive, presumptive or confirmed, serological results shall include as much of the following information as is available:

- Name of any known owner
- Address of any known owner
- Name of person who submitted specimen
- Address of person who submitted specimen
- Name of test
- Result of test
- Date submitted
- Date of positive test result
- Specimen type (e.g. swab)
- Specimen source (e.g. skin, mouth)

11.4 ~~Laboratories are required to provide a written report to the Department of Health even if the reportable disease has been reported by others.~~ Laboratories are required to report result to the Department irrespective of the required reporting of other parties listed under this rule.